

Complete Summary

TITLE

Prevention and management of obesity (mature adolescents and adults): percentage of patients with obesity who have documentation in the medical record of discussion of weight management strategies, which may include nutrition, physical activity, lifestyle changes, medication or surgery.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 100 p. [209 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with obesity who have documentation in the medical record of discussion of weight management strategies, which may include nutrition, physical activity, lifestyle changes, medication or surgery.

RATIONALE

The priority aim addressed by this measure is to improve the percentage of patients with body mass index (BMI) greater than or equal to 25 who were recommended appropriate treatment for obesity.

PRIMARY CLINICAL COMPONENT

Obesity; weight management strategies (nutrition, physical activity, lifestyle changes, medication, surgery)

DENOMINATOR DESCRIPTION

Number of primary care patients reviewed greater than 18 years of age with body mass index (BMI) greater than or equal to 25

NUMERATOR DESCRIPTION

Number of overweight or obese patients reviewed with documentation in the medical record of discussion of one or more of the following weight management strategies: nutrition, physical activity, lifestyle changes, medication or surgery

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Prevention and management of obesity \(mature adolescents and adults\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Obesity has become a national epidemic in the United States (U.S.) with about 64.5 percent of American adults, aged 20 years and older, overweight and more than 30 percent obese. This equates to approximately 127 million adults who are overweight, of which 60 million are obese, and 9 million are severely obese (body mass index [BMI] greater than 40).

During the past 20 years there has been a dramatic increase in obesity in the United States. In 1985 only a few states were participating in Centers for Disease Control and Prevention's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS) and providing obesity data. In 1991, four states were reporting obesity prevalence rates of 15 to 19 percent and no states reported rates at or above 20 percent. In 2002, 18 states have obesity prevalence rates of 15 to 19 percent; 29 states have rates of 20 to 24 percent; and 3 states have rates over 25 percent.

The prevalence of obesity in the West North Central region of the U.S. (Iowa, Kansas, Minnesota, Missouri, North Dakota, Nebraska, South Dakota) has increased from 12 percent in 1991 to 20 percent in 2000.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 100 p. [209 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Four hundred thousand deaths in the United States (U.S.) in 2000 were related to poor diet and inactivity. This is 17 percent of all deaths, with only tobacco use causing more deaths. More than 110,000 deaths per year are associated with obesity.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 100 p. [209 references]

UTILIZATION

Unspecified

COSTS

The economic impact of obesity and its related health conditions, especially diabetes and hypertension, on the United States (U.S.) economy is staggering. The total cost of obesity in the U.S. is about \$117 billion per year, including more than \$50 billion in avoidable medical costs, more than 5 percent of total annual health care expenditures.

EVIDENCE FOR COSTS

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 100 p. [209 references]

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with a body mass index (BMI) greater than or equal to 25

If there is no electronic medical record, select 20 patients who have had a visit within the last month who have a BMI greater than or equal to 25. If the BMI is not documented, then use the formula: $BMI = \text{weight (lbs)} \times 703 \text{ divided by height (inches) squared}$.

The medical record will be reviewed to determine if one or more of the weight management strategies have been documented. The presence of narrative comments or flow sheets reflecting discussion of one or more of the following weight management strategies: nutrition, physical activity, lifestyle changes, medication or surgery is acceptable evidence for this measure.

If an electronic medical record is available, query data for patients with a visit in the last month with a BMI greater than or equal to 25 (assuming this is a field in the electronic medical record).

The medical record will be reviewed to determine if one or more of the weight management strategies have been documented. The presence of narrative comments or flow sheets reflecting discussion of one or more of the following weight management strategies: nutrition, physical activity, lifestyle changes, medication or surgery is acceptable evidence for this measure.

The suggested time period is advice over a 12-month period.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of primary care patients reviewed greater than 18 years of age with body mass index (BMI) greater than or equal to 25

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of overweight or obese patients reviewed with documentation in the medical record of discussion of one or more of the following weight management strategies: nutrition, physical activity, lifestyle changes, medication or surgery

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with obesity who have documentation in the medical record of discussion of weight management strategies, which may include nutrition, physical activity, lifestyle changes, medication or surgery.

MEASURE COLLECTION

[Prevention and Management of Obesity \(Mature Adolescents and Adults\) Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

REVISION DATE

2005 Nov

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 94 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 100 p. [209 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with obesity who have documentation in the medical record of discussion of weight management strategies, which may include nutrition, physical activity, lifestyle changes, medication or surgery," is published in "Health Care Guideline: Prevention and

Management of Obesity (Mature Adolescents and Adults)." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on December 20, 2004. This NQMC summary was updated by ECRI on December 15, 2005.

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Date Modified: 9/25/2006

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